Adaptive SBRT for Liver and Pancreas Patients

Moderator: Rachael Martin, MD Anderson Speakers: Josh Niedzielski, MD Anderson Kathryn Mittauer, Miami Cancer Institute

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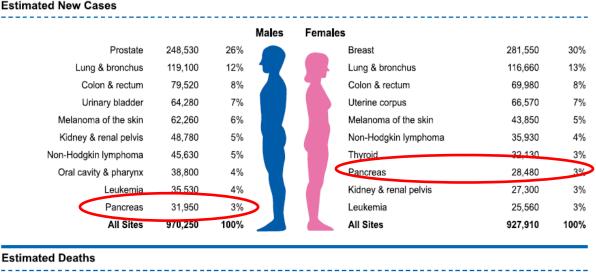
Pancreas & Liver Cancer

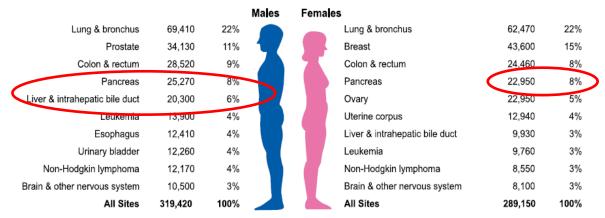
Incidence/epidemiology

- Relatively low incidence
- High mortality

Treatment with SBRT

- Apparent improved efficacy over standard fractionation
- Local control more important with improved systemic treatments
- More convenient and less disruptive to other treatments
- Move pancreas patient from borderline resectable to resectable or a liver patient to being a transplant candidate





Adapted from Seigel et al. 2021

Challenges of Liver and Pancreas SBRT

Radiosensitive organs at risk (OARs) close to target

Inter and intra-fractional tumor and OAR motion

Visibility of the tumor and OARs



Making Cancer History®

Prescriptions (HyTEC)

Pancreas

36 Gy in 3 fractions (~43 Gy in 5)

- 1 year LC w/o surgery of 86%
- BED 79 Gy

24 Gy in 3 fractions (~28 Gy in 5)

- 1 year LC w/o surgery <70%
- BED 43 Gy

Liver

Primary liver

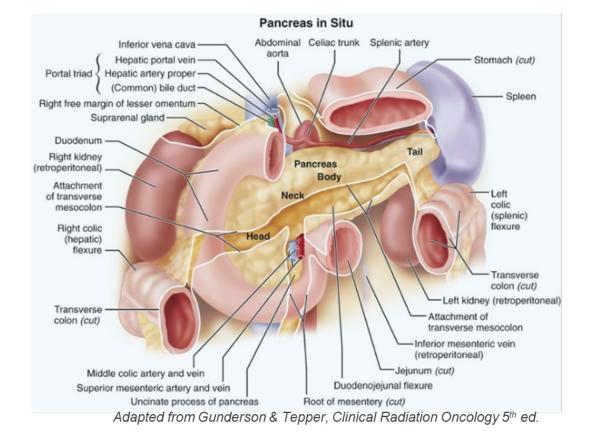
• No significant difference seen for BEDs 60-180 Gy

Liver metastases

Significant improvement (93% vs 65% 3 year local control) with BED > 100 Gy (e.g. 50 Gy in 5)



Proximity of Organs at Risk



Stomach/duodenum/bowel constraints (5 fraction SBRT at MD Anderson)

Dmax < 40 Gy

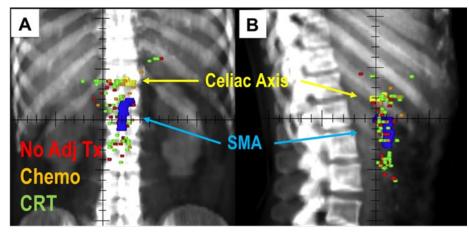
V35 Gy < 1 cc



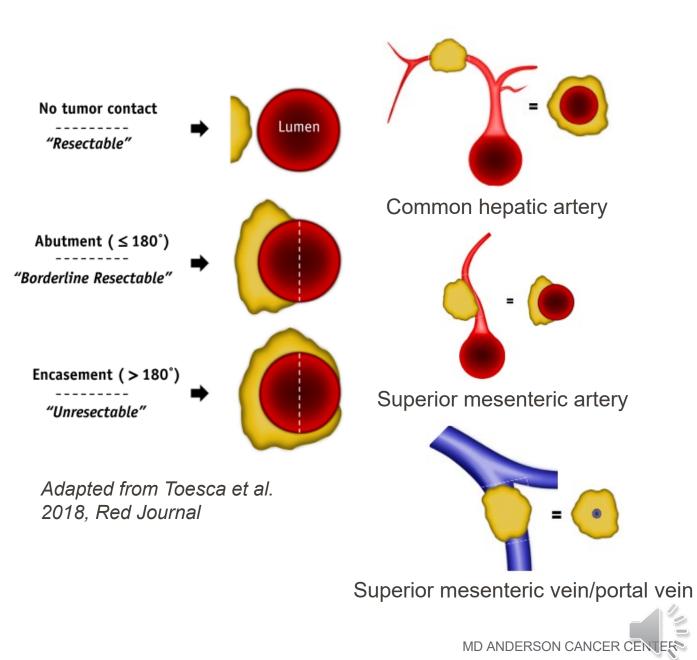
Pancreatic Cancer Targets

Borderline resectable primarily concerned with vessels

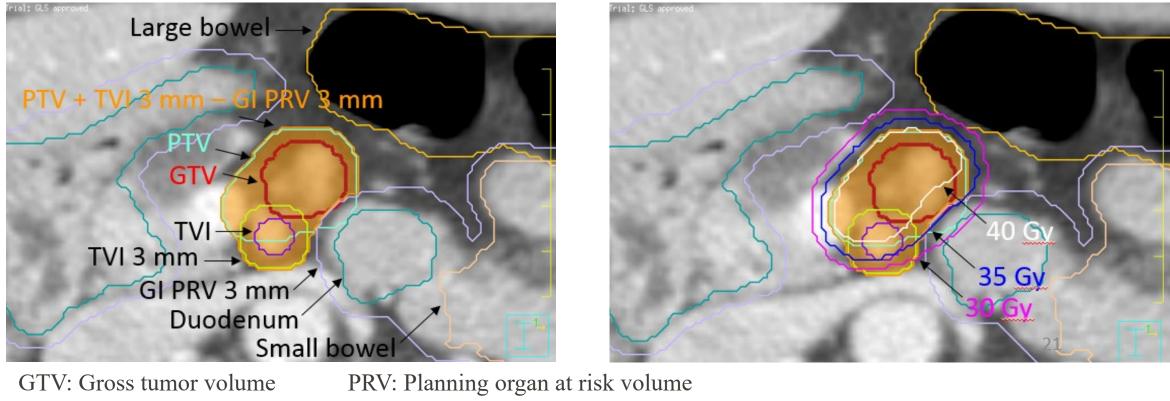
- Limitation in surgery
- 90% of recurrences within ~2 cm of celiac axis and superior mesenteric artery (SMA)



Adapted from Dholakia et al. 2013, Red Journal



Proximity of Organs at Risk



⁷ PTV: Planning target volume

TVI: Tumor vessel interface



Interfractional motion



- Bowel/stomach filling
- Gas
- Patient setup

Problems

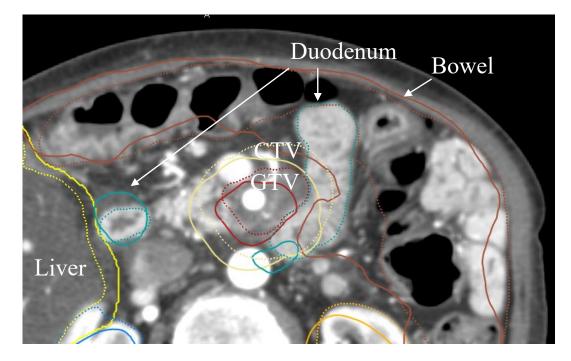
- Missed target
- OARs move into high dose region
- Difference in dose distribution

Solutions

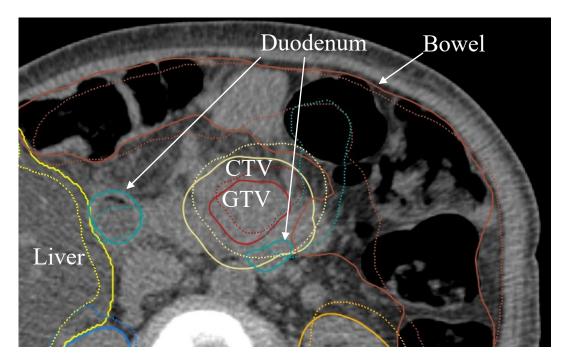
- NPO/gas management
- High quality IGRT
- Adaptive planning



Interfractional Motion



Simulation CT (original contours dotted lines)



Adaptive replan using daily CT (new contours solid lines)



Intrafractional Motion



Causes

• Breathing

Problems

- Missed target
- Increased area of OAR irradiation

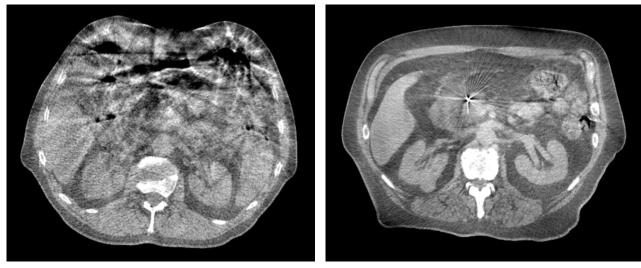
Solutions

- 4DCT
- Breath hold
- Compression
- Etc...



Tumor and OAR Visualization

CBCT image quality and artifacts



Free Breathing

Breath hold with fiducials

Goals of this Session

Understand the challenges associated with pancreas and liver SBRT and the role of high quality volumetric IGRT and adaptive planning in addressing them

Josh Niedzielski

18 min + 2 min (Q&A): Importance of Daily Adaptation for the Management of Liver and Pancreas Patients Receiving SBRT

Kathryn Mittauer

18 min + 2 min (Q&A): MR Guidance and Online Adaptation of Liver and Pancreas Patients

10 min **Q&A**